

# **Applied Resolutions LLC**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 05/15/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Physical Medicine And Rehab

### **Description of the service or services in dispute:**

80 hours of chronic pain management program

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### **Patient Clinical History (Summary)**

The patient is a female whose date of injury is xx/xx/xx. She had onset of severe pain in both knees. The patient underwent a course of physical therapy, MRI of the left knee, left knee surgery on 05/17/13, Euflexxa injections and medication management. She was recommended for a second surgery; however, this was non-certified. Designated doctor evaluation dated 01/30/15 indicates that diagnosis is left knee sprain/strain and left knee ACL injury. The patient has not reached maximum medical improvement. Behavioral evaluation report dated 03/02/15 indicates that BDI is 19 and BAI is 18. GAF score is 65. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, and major depression moderate. Functional capacity evaluation dated 03/06/15 indicates that current PDL is sedentary and required PDL is medium-heavy. Subsequent medical report dated 03/30/15 indicates that she is wearing a knee brace on the left side. On physical examination left knee range of motion is decreased with pain. There is weakness of the left knee.

Initial request was non-certified on 03/17/15 noting that the records indicate the patient has been recommended for a second surgical procedure; however, there was no documentation of a second surgical procedure having been performed. There was no explanation as to why this was not performed and a chronic pain management program was now recommended. Request for reconsideration dated 03/23/15 indicates that she has chronic pain, functional deficits and a clinical depressive reaction as a result of the compensable injury. She needs specific pain and stress management training so that she will be more functional while dealing with her pain on a daily basis. The denial was upheld on appeal dated 03/30/15 noting that surgery is being pursued.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no indication that the patient has received lower levels of psychological treatment despite a diagnosis of major depression. Additionally, the patient's date of injury is over 2 years old and she is currently capable of functioning at only a sedentary level despite

treatment completed to date. The Official Disability Guidelines generally do not support chronic pain management programs for patients who have been disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. As such, it is the opinion of the reviewer that the request for 80 hours of chronic pain management program is not recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
  
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)